

February 13, 2012

Montana Health Care Programs Notice Physician, Mid-Level Practitioners, RHC, FQHC, IHS, Hospital Inpatient, and Hospital Outpatient

Emergency Room Service Update

Please note that the information described in this notice was effective January 1, 2007, and represents the current Medicaid policy regarding emergency room (ER) services. This notice is written in an effort to convey to providers the most current practice regarding ER services and will supersede the provider notice currently published on the provider website dated July 1, 2005, entitled *Revised Processing for Emergency Room Visits*.

The Emergency Medical Treatment and Active Labor Act (EMTALA)

The Emergency Medical Treatment and Active Labor Act (EMTALA) is an act of Congress passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). It requires prospective payment system (PPS) and critical access hospitals to evaluate and stabilize anyone seeking emergency health care services regardless of citizenship, legal status, or ability to pay.

Emergency Medical Condition

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;

With respect to a pregnant woman who is having contractions:

- That there is inadequate time to effect a safe transfer to another hospital before delivery; or
- That transfer may pose a threat to the health or safety of the woman or the unborn child,

PPS Hospital Billing and Reimbursement

For emergency services that are provided by PPS hospitals, reimbursement will be based on the ambulatory payment classification (APC) methodology as described in Administrative Rules of Montana (ARM) 37.86.2801.

ER visits billed with CPT procedure codes 99281 and 99282 will be reimbursed at the lowest level clinical APC weight.

Outpatient hospital services, including provider-based entity hospital outpatient services, ER services, and diagnostics services (including clinical diagnostic laboratory tests) that are provided the day of or the day before the inpatient hospital admission are deemed to be inpatient services and must be bundled into the inpatient claim.

Cost share does not apply for hospital services billed with revenue codes 45X (emergency room visits) or 68X (trauma response).

Physician and Mid-Level Billing and Reimbursement

Physician and mid-level services provided in an ER setting are separately billable according to the applicable rules governing physician and mid-level billing.

Cost share does not apply for physician services billed with place of service 23 (emergency room – hospital).

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC)

RHC and FQHC providers that perform services in a hospital setting, including the ER, must bill the service on a CMS-1 500 using the physician's provider number.

Critical Access Hospital (CAH) Billing and Reimbursement

CAHs receive payment for all ER services based on their cost-to-charge ratio. CAHs are not required to bundle ER services into the subsequent inpatient hospital admission. However, Passport to Health provider referrals will not be required and cost share will not apply when revenue codes 45X and 68X are billed on the inpatient claim.

Passport to Health Requirements

For institutional claims billing revenue codes 45X and 68X, and professional claims billing with place of service 23, Passport to Health provider referrals are not required. Inpatient services for clients admitted through an ER, where the ER service is billed on the inpatient claim, do not require a Passport referral.

Dedicated Emergency Department (DED)

A Dedicated Emergency Department (DED) must meet the definition of a DED as established within the Emergency Medical Treatment and Active Labor Act (EMTALA) and comply with the requirements of 42 CFR 489.24.

Contact the Department's Physician Program Officer at (406) 444-3995 for additional information on DEDs. Presently, there are no DED facilities enrolled in Montana Medicaid.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>